

PTO/SB/97 (09-04)

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Susan K. Pocchiari
Signature

Susan K. Pocchiari

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45,016

203-798-5648

Registration Number, if applicable

Telephone Number

Application of: Ries, U. J. et al

) Art Unit: 1626

Serial No.: 10/051,412

) Examiner: Rebecca L. Anderson

Conf. No.: 9079

) Filed: January 17, 2002

Docket No.: 5/1313

For: Carboxylic Acid Amides Having Antithrombotic Activity

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

The following papers are transmitted herewith:

1. Petition for Extension of Time

(1 page in triplicate)

2. Response with Amendment

(8 pages)

3. Notice of Appeal

(1 page in duplicate)

Total No. of pages including cover:

13

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional)
I hereby certify that this correspondence is being Facsimile transmitted to the United States Patent and Trademark Office (Central Office Fax #703-872-9308).		5/1313
on <u>November 11 2004</u>		In re Application of <u>Ries, U.J. et al</u>
Signature <u>Susan K. Pocchiani</u>		Application Number <u>10/051,412</u>
Typed or printed name <u>Susan K. Pocchiani</u>		Filed <u>January 17, 2002</u>
		For <u>Carboxylic Acid Amides Having Antithrombotic Activity</u>
		Art Unit <u>1626</u>
		Examiner <u>Rebecca L. Anderson</u>
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.		
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ <u>340.00</u>
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ _____
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>02-2955</u> . I have enclosed a duplicate copy of this sheet.		
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the		
<input type="checkbox"/> applicant/inventor.		<u>Susan K. Pocchiani</u> Signature
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		<u>Susan K. Pocchiani</u> Typed or printed name
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>45,016</u>		<u>203-798-5648</u> Telephone number
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____		<u>November 11, 2004</u> Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of <u>4</u> forms are submitted.		

This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.8. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Signature <u>Susan K. Pocchiarri</u>		Application Number 10/051,412
Typed or printed name Susan K. Pocchiarri		Filed January 17, 2002
		For Carboxylic Acid Amides Having Antithrombotic Activity
		Art Unit 1626
		Examiner Rebecca L. Anderson

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 340.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____

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☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

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I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/98)

☒ attorney or agent of record. 46,016
Registration number

☐ attorney or agent acting under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34. _____

Susan K. Pocchiarri
Signature
Susan K. Pocchiarri
Typed or printed name
203-798-5648
Telephone number
November 11, 2004
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

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